

Second Bidder

12-04-17A11:48 RCVD

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE - COMMITMENT
 DES-OE-0102.10D (REV 12/2014)

CONTRACT NO: **06-0V3004**

BID AMOUNT
 \$ **512,656**

BID OPENING DATE: **11/30/2017**

BIDDER'S NAME: **Jabre Contracting Inc.**

DBE GOAL FROM CONTRACT %: **13**

DBE PRIME CONTRACTOR CERTIFICATION¹:

TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE)
4

TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE)
337,506

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED ²	WORK CATEGORY CODES ³	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
2	Central Coast Traffic Safety			
2	Area Signs		Traffic Safety 43969 P.O. Box 736 Santa Maria (805) 264-8807	11,555
16	Maintain existing traffic management		California Professional Engineering 439277 929 Otterburn Ave La Puente (626) 810-1338	1000
17	Traffic monitoring			63,400
Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.				\$ 75,955
The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).				14.8 %

¹Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

²If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

³Use Work Category Codes from the California Unified Certification Program database.

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).

Signature of Bidder

Date

Person to Contact

(Area Code) Tel. No.

(Please Type or Print)

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

Contract No. 06-0V3004

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
 DES-0E-0102.13 (NEW 05/2015)

Contract no.:

06-OV3004

Name of DBE business:

ORE business: Central Coast Traffic Safety

Name of DBE representative:

JOSE NEGRET

DBE certification number:

43969

Name of bidder:

bidder: Tabre Contracting Inc

Name of prime contractor if different from the bidder _____

Name of representative of bidder or prime contractor:

Bob COLLINS

Date: _____

11/30/2017

Bid item number	Item of work and description of services to be subcontracted or materials to be provided *	Amount (\$)
2	CONSTRUCT AREA SIGNS	11,555-
Total		11,555-

¹If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

Total

11,555

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor shown above regarding the contract shown above. If the bidder is awarded the contract, my business will enter into a contractual agreement with the bidder or prime contractor to perform the type and dollar amount of work shown on the DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.

Signature of DBE's authorized representative:

Printed name of DBE's authorized representative: Jose Negrete

Title of DBE's authorized representative:

11.30.17

Date: _____

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Contract No. 06-0V3004

Jabre Contracting Inc.

1813 Manzanita Lane
Manhattan Beach, CA 90266
(310) 720-0277 Fax: (310) 356-3245
Lic. # 981190 A

TO: Office Engineer

TRANSMITTAL	
DATE: <u>12/1/2017</u>	JOB NO: _____
ATTENTION: <u>Office Engineer</u>	
RE: <u>06-0V3004</u>	

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

- ☐ Contracts ☐ Sub Contracts ☐ Billing ☐ Proposal ☐ RFI
☐ Copy of letter ☐ Check/Receipt ☐ _____

COPIES	DATE	PAGE NO.	DESCRIPTION
	11/30	1	DBE Commitment
	11/30	1	DBE Confirmation - Central Coast Traffic Safety
	11/30	1	DBE Confirmation - California Professional Engineering

THESE ARE TRANSMITTED as checked below:

- ☐ For approval
☐ For your use
☐ As requested
☐ For review and Comment
☐ For Your File
☐ Prints Returned After Loan To Us

REMARKS _____

COPIES TO: _____

SIGNED: B. J. Alf

If enclosures are not as noted, please notify us immediately

PLEASE PRESS FIRMLY

1 FROM	DATE		
	COMPANY	JABRE CONTRACTING	
	ADDRESS	1333 KENZANITA LANE	
	ADDRESS	9012 E 2ND ST	
	CITY	STE/ ROOM	ZIP CODE
2 TO	SENDER'S NAME	PHONE NUMBER	
	COMPANY	MSC 43	
	NAME	PHONE NUMBER	
	ADDRESS	Department of Transportation	
	ADDRESS	STE/ ROOM	ZIP CODE
3	YOUR INTERNAL BILLING REFERENCE WILL APPEAR ON YOUR INVOICE		
	SPECIAL INSTRUCTIONS		



GOLDEN STATE OVERNIGHT

1-800-322-5555

WWW.GSO.COM

SHIPPING AIR BILL

4	PACKAGE INFORMATION
<input type="checkbox"/>	LETTER (MAX 8 OZ)
<input type="checkbox"/>	PACKAGE (WT) _____
<input type="checkbox"/>	DECLARED VALUE \$ _____
<input type="checkbox"/>	COD AMOUNT \$ _____ (CASH NOT ACCEPTED)

PACKAGE
LABEL

5	DELIVERY SERVICE	<input checked="" type="checkbox"/> PRIORITY OVERNIGHT BY 10:30 AM	<input type="checkbox"/> EARLY PRIORITY BY 8:00 AM	<input type="checkbox"/> SATURDAY DELIVERY
*DELIVERY TIMES MAY BE LATER IN SOME AREAS - CONSULT YOUR SERVICE GUIDE OR CALL GOLDEN STATE OVERNIGHT.				

6	RELEASE SIGNATURE	SIGN TO AUTHORIZE DELIVERY WITHOUT OBTAINING SIGNATURE	
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7	PICK UP INFORMATION	TIME	DRIVER #	ROUTE #
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GSOAB108698455

GSOAB108698455

PEEL
OFF
HERE

8	GSO TRACKING NUMBER
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